



Helping Adults Quit Tobacco

Adult Cessation Post-program Survey

The information on this form is being collected to check whether the activity you participated in is helpful and effective for most people. The information you give us will help to plan and provide better programs, so please answer the questions thoughtfully. The information you provide is voluntary – you can skip any questions you don't want to answer, and you can stop at any time.

You were asked to fill in this form before you started, and now, again, after you finished. Your name and birth date will **not** be connected to the answers you give on these forms. Please be sure to tear off the bottom part of this page **before** you hand back the filled out form. This will ensure that nobody knows which survey is yours.

Tell Us About Yourself

Official Test Date: _____
(Month) / (Day) / (Year)

What City do you live in? _____

What County do you live in? _____

What is your Zip Code? _____

Fold and tear at the dotted line below to remove the bottom section, which you should destroy. Be sure you have put the correct numbers and letters in the boxes. The top section should stay attached to the survey and given to your instructor.

Name Code:

	Number		Number		Number		Number		Number	
<hr/>										
		Birth Date								
		Month		Day		Year				Male / Female
First Name				MI		Last Name				



1. **During the past week (7 days), on how many days did you smoke cigarettes?**

Days

2. **On the days you smoked, how many cigarettes per day did you smoke?
(1 pack=20 cigarettes)**

Cigarettes

3. **Do you think that you are addicted to nicotine (cigarettes, tobacco)?**

- A. Yes
- B. No
- C. Not Sure

4. **When was the last time you made a serious attempt to quit using tobacco?**

- A. I have never made a serious attempt to quit using tobacco
- B. Within the past month
- C. Between 1 and 6 months ago
- D. Between 6 months and one year ago
- E. More than one year ago

5. **Do you want to quit smoking or using tobacco?**

- A. Yes
- B. No
- C. I already quit
- D. Not sure

6. **Are you seriously considering quitting smoking within the next 6 months?**

- A. Yes
- B. No
- C. I already quit
- D. Not sure

7. **Are you planning to quit within the next month?**

- A. Yes
- B. No
- C. I already quit
- D. Not sure

8. **On a scale of 1 to 10, how strong is your desire to quit right now?**

Not at all strong 1 2 3 4 5 6 7 8 9 10 Extremely strong

9. **“Using tobacco is a habit I can break.”**

- A. Definitely True for me
- B. Probably True for me
- C. Probably Not True for me
- D. Definitely Not True for me



10. **“I have the skills that I need to quit smoking.”**
A. Definitely True for me
B. Probably True for me
C. Probably Not True for me
D. Definitely Not True for me
11. **“There are more negative things about smoking than positive things.”**
A. Definitely True for me
B. Probably True for me
C. Probably Not True for me
D. Definitely Not True for me
12. **“Will your family help you to quit smoking?”**
A. Definitely True for me
B. Probably True for me
C. Probably Not True for me
D. Definitely Not True for me
13. **“Will your friends help you to quit smoking?”**
A. Definitely True for me
B. Probably True for me
C. Probably Not True for me
D. Definitely Not True for me

The last questions ask for your opinions about the program you just participated in.

14. **Would you tell your friends that this was a good class?**
A. Definitely Yes
B. Probably Yes
C. Probably No
D. Definitely No
15. **What was the most helpful or interesting part of this program?**
16. **What was the least helpful or interesting part of this program?**
17. **What should we do to improve this program?**

THANK YOU FOR TAKING THIS SURVEY!